

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007265

1. Entity Name

MOULTRIE CHIROPRACTIC CENTER, P.A.

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90017 016 ***150.00

Principal Place of Business

Mailing Address

4255 U.S. 1 NORTH
SUITE 13
ST. AUGUSTINE FL 32086

4255 U.S. 1 NORTH
SUITE 13
ST. AUGUSTINE FL 32086

00000004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2535 US 1 South

3. Mailing Address

2535 US 1 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

Suite D

City & State

St. Augustine FL

City & State

St. Augustine FL

4. FEI Number

59-3282310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIARKOWICZ, EDWARD C
4255 U.S. 1 SOUTH
SUITE 13
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

Sage, Janice K.

Street Address (P.O. Box Number is Not Acceptable)

2535 US 1 South

Suite D

City

St. Augustine

FL

Zip Code
32086

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SAGE, JANICE K
STREET ADDRESS 4255 US 1 SOUTH #13
CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

TITLE STD
NAME SIARKOWICZ, EDWARD C
STREET ADDRESS 4255 U.S. 1 NORTH #13
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SAGE, Janice K. President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 (904) 797-2494

CR2034 (9/99)